

<b>Case Number:</b>	CM13-0015729		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 28, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; 24 sessions of postoperative physical therapy; and extensive periods of time off of work, on total temporary disability. A note from August 16, 2013, is sparse and notable for comments that the applicant is frustrated. He is placed off of work, on total temporary disability. It is stated that a two-month course of work hardening will get him back to the point where he can go back to work

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Additional physical therapy to the right knee - 2 times per week for 6 weeks (to include work hardening): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that criteria for admission to a work hardening program include evidence of a work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher physical demand level. A precursor functional capacity evaluation (FCE) may be required. The applicant must have a clearly defined return-to-work goal agreed upon with the employer. In this case, however, there is no clear evidence of valid residual work-related musculoskeletal deficit. The attending provider has not clearly outlined what the applicant's deficits are that are preventing him from returning to his usual and customary occupation. The attending provider has not ordered a precursor FCE. The attending provider has not clearly stated what the applicant's job demands are and why he is presently unable to meet them and/or stated how work hardening is likely to facilitate the applicant's returning to work. For all of these reasons, the request for additional physical therapy is not medically necessary at this time.